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00758 7590 10/03/2006

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11/21/2006 EAREGAY2 00000057 10765702

01 FC:1501 1400.00 DP
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Albert C. Smith, Reg. No. 20,355 (Depositor's name)	
<i>A. C. Smith</i> (Signature)	
11/16/06 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,702	01/26/2004	Jan Vet	23255-08789	1407

TITLE OF INVENTION: METHOD FOR AND ARRANGEMENT COMPRISING MEANS FOR DETERMINING THE AVAILABLE POWER CAPACITY OF AN ELECTRIC POWER SUPPLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/03/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
TSO, EDWARD H		2838	320-132000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Fenwick & West LLP 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sensite Solutions, B.V.
015543/0456

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eindhoven, Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

A. C. Smith

Date

11/16/06

Typed or printed name

Albert C. Smith

Registration No.

20,355

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

		Application Number	10/765,702
		Filing Date	January 26, 2004
		First Named Inventor	Jan Vet
		Group Art Unit Number	2838
		Examiner Name	Robert J. Grant
Total Number of Pages in This Submission	3	Attorney Docket Number	23255-08789

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: 9 Pages <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Issue Fee Transmittal (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <hr/> <hr/>
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REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:	<i>A. C. Smith</i>		
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	11/16/06

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Signature:	<i>A. C. Smith</i>		
Typed or Printed Name:	Albert C. Smith	Dated:	11/16/06
Express Mail Mailing Number (optional):			